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REGISTRATION FORM

Kindly fill in all the information required and email to: info@playfulpaws.co.za

Please note a registration form must be filled in for each dog.

To ensure the safety and health of all fur babies under our care proof of up to date vaccinations, tick and flea prevention and deworming must be attached with this application form.

Owner Information

Title (Mr./Miss/Mrs./etc.) _____

Full Name _____

Home Address _____

Email address _____

Cell Phone _____

Emergency Contact

Name _____

Contact Number _____

Relationship to owner _____



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Veterinarian Information

Practice name _____

Practice address _____

Practice contact number _____

Dog Information

Dog Name _____

Dog Breed _____

Dog Color _____

Dog Gender M / F

Dog Age and Birthday (if known) _____

Is your dog spayed/neutered? YES / NO

Is your dog microchipped? YES / NO

Dog Behavior

Does your dog have any of the following behavioral problems? (Please circle)

Aggression: YES / NO

Biting: YES / NO

Possessive: YES / NO

Jumping up: YES / NO

Chewing: YES / NO

Digging: YES / NO



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Is your dog good with other dogs? YES / NO

Is your dog fully house trained? YES / NO

Is your dog up-to-date on all vaccinations, tick and flea control and deworming? YES / NO

What type of flea control do you use on your dog and when last was it administered?

Where does your dog spend most of his/her day?

How many times a day and how much (in grams) do you feed your dog?

What food is your dog currently eating?

Is your dog on any medication or special diets?

Are you happy with your dog getting treats at daycare? YES / NO

Has your dog attended a daycare previously? YES / NO



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Pick-up/Drop-off Requirements

Daycare hours are between 7am - 6pm. Booking a space for your dog in daycare is recommended to avoid disappointment. Booking is mandatory for overnight boarding. Please notify us of your usual pick up and drop off time upon registering your dog.

Dogs that are not picked up by closing time will be subject to a late pickup fee. If a dog has not been picked up by 6:30pm, Playful Paws will make comfortable arrangements for the dog to board overnight and the owner will be charged boarding rates.

If you purchase a half day daycare service and fail to pick your dog up by 1pm, you will be charged the full day rate. If you still fail to pick up your dog by 6pm, late fees will apply as above followed by boarding.

General Guidelines

Food and Medication: We can feed your dog and/or administer simple medication for you. Please label your food or medicine with your dog's name and directions.

House training: Owners of dogs and puppies that are not house trained must please bring along a packet of training pads along if boarding, dogs and puppies at Playful Paws are treated as part of the family and will be sleeping indoors at night.

Collars, Leashes and other personal items: You are advised to bring along your dog's normal food, food bowl, bed and favorite toys as this helps to keep them calm and comfortable. However, please label all personal items clearly, and avoid bringing expensive items (Toys) as we cannot guarantee their return.



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Liability

I, (the owner) confirm to Playful Paws that I am the legal owner of my dog; that my dog has not been ill with any contagious diseases or condition within the past (30) thirty days and that my dog has received all necessary vaccinations. I understand that Playful Paws is an open daycare I agree that my dog will socialize with other dogs and I accept the risks involved and agree that no amount of constant supervision can completely mitigate the risk of injury and therefore cannot hold Playful Paws liable for any injuries or illnesses resulting from my dog's attendance. I agree to inform Playful Paws of any changes in my dogs' behavior and/ or condition prior to any daycare visit.

I understand that my dog is required to be fully vaccinated (including parvo, distemper, rabies and bordetella) and that it is my responsibility to fully vaccinate my dog and agree to keep Playful Paws updated annually of my dog's vaccination records. I acknowledge that Playful Paws has the right to remove a dog from the facility if he/she is not vaccinated. I understand that my dog must be given a flea prevention in the form of a topical liquid or tablet and proof of administration must be provided. I acknowledge that flea collars are not acceptable. I understand that my dog will be inspected for fleas when entering Playful Paws and will be refused entrance if fleas are found. I further acknowledge that Playful Paws shall not be held responsible if my dog contracts fleas while at Playful Paws because proper flea protection is my responsibility. I accept that should fleas be seen on my dog during his/her stay, a flea preventative approved by me will be administered to my dog at my cost.

I understand that if my dog has a history of aggression or biting, Playful Paws has the right to refuse entry to my dog and I have disclosed to Playful Paws any dangers associated with my dog. Any behavior deemed dangerous or inappropriate by Playful Paws may result in the dismissal of my dog(s). I further agree that should my dog cause any harm to another dog during his/her time at Playful Paws that I will be fully liable for any veterinary costs and damages that may arise.



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I certify that I have read, understand and agree to be bound by the terms and conditions as set forth herein.

Owners Full Name and Surname

Signature

Date



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EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Playful Paws will make every effort to contact you in any emergency with your dog before we transfer to a licensed veterinarian. This authorization gives associates of Playful Paws to act on your behalf in the event of your dog needing immediate medical attention.

I, the owner, authorize a licensed veterinarian and their assistants, to administer the treatment and perform procedures as considered therapeutically and diagnostically necessary for the care of my dog, including administration of anesthesia. In the event that an emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my dog until I can be contacted for further approval.

I accept full responsibility for any and all financial responsibility for the treatment that my dog receives from a licensed veterinarian and their staff.

I hereby release Playful Paws from any and all claims arising from any emergency of the above nature.

Owner's name

Dog's name

Signature

Date